

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER			
FORMALITY REVIEW	EL	62972	11-2-85

09/633297

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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